

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT		INVOLUNTARY PETITION	
District of Massachusetts			
IN RE (Name of Debtor - If Individual: Last, First, Middle) Nocona Leather Goods Company, LTD.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other individual's Tax-I.D. No./Complete EIN (If more than one, state all.):			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 390 Airport Road, Fall River, MA 02720		MAILING ADDRESS OF DEBTOR (If different from street address) 105 Clay Street, Nocona, TX 76255	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Suffolk ZIP CODE 02116		ZIP CODE 76255	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) Nocona, Texas			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	
		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE		FILING FEE (Check one box)	
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached, [If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor		Date	
Relationship		Judge	
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY	
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

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Name of Debtor: Nocona Leather Goods Company, LTD.

Case No. _____

TRANSFER OF CLAIM																																							
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Name and Address of Petitioner	Nature of Claim	Amount of Claim																																					
<u>Good Glove USA LLC, 60 Fremont St, Worcester MA 01603</u>	<u>Breach of Contract</u>	<u>\$79,623.09</u>																																					
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<u>Panef, Inc., 5700 W. Douglas Ave., Milwaukee, WI 53218</u>	<u>Breach of Contract</u>	<u>\$46,000.00</u>																																					
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Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims																																					

X continuation sheets attached

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Name of Debtor Nocona Leather Goods Company, LTD.

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> <u>Manager</u> Signature of Petitioner or Representative (State title) <u>Good Glove USA, LLC</u> Date Signed <u>08/05/2010</u>	<input checked="" type="checkbox"/> <u>08/05/2010</u> Signature of Attorney <u>David B. Madoff, Esq., Madoff & Khoury LLP</u> Date <u>08/05/2010</u> Name of Attorney Firm (If any) <u>Pine Brook Office Park, 124 Washington St./Suite 202</u> Address <u>Foxboro, MA 02035</u> Telephone No. <u>508-543-0040</u>	
Name of Petitioner <u>James J. Devaney</u> Name & Mailing Address of Individual <u>60 Fremont Street</u> Signing in Representative <u>Worcester, MA 01603</u> Capacity		
<input checked="" type="checkbox"/> <u>President</u> Signature of Petitioner or Representative (State title) <u>Panef, Inc.</u> Date Signed <u>08/05/2010</u>	<input checked="" type="checkbox"/> Signature of Attorney Date Name of Attorney Firm (If any) Address Telephone No.	
Name of Petitioner <u>Bruce Moncrieff</u> Name & Mailing Address of Individual <u>5700 W. Douglas Ave-</u> Signing in Representative <u>Milwaukee, WI 53218</u> Capacity		
<input checked="" type="checkbox"/> <u>Principal</u> Signature of Petitioner or Representative (State title) <u>Gerald Hespos</u> Date Signed <u>08/05/2010</u>	<input checked="" type="checkbox"/> Signature of Attorney Date Name of Attorney Firm (If any) Address Telephone No.	
Name of Petitioner <u>Gerald Hespos, Esq.</u> Name & Mailing Address of Individual <u>110 West 40th St.</u> Signing in Representative <u>Suite 2501</u> Capacity <u>New York, NY 10018</u>		
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Good Glove USA LLC, 60 Fremont St, Worcester MA 01603</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$79,623.09</u>
Name and Address of Petitioner <u>Panef, Inc., 5700 W. Douglas Ave., Milwaukee, WI 53218</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$46,000.00</u>
Name and Address of Petitioner <u>Gerald Hespos, 110 W. 40th St., Suite 2501, NY NY 10018</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$33,000.00</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$158,623.09</u>

X continuation sheets attached

B 6 (Official Form 5) (12/07) - Page 2

Name of Debtor Nacoma Leather Goods Company, LTD.

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> Owner Signature of Petitioner or Representative (State title) <u>Osacar Suarez & Associates</u> Name of Petitioner <u>Osacar Suarez</u> Address of Individual <u>PO Box 442</u> Signing in Representative Capacity <u>Scottsdale, AZ 85262</u>	<input checked="" type="checkbox"/> Signature of Attorney Date Name of Attorney Firm (if any) Address Telephone No.	
<input checked="" type="checkbox"/> Individual Signature of Petitioner or Representative (State title) <u>Jeremiah O'Connor</u> Name of Petitioner <u>Jeremiah O'Connor</u> Address of Individual <u>98 Barbara Road</u> Signing in Representative Capacity <u>Waltham MA 02453</u>	<input checked="" type="checkbox"/> Signature of Attorney Date Name of Attorney Firm (if any) Address Telephone No.	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity	<input checked="" type="checkbox"/> Signature of Attorney Date Name of Attorney Firm (if any) Address Telephone No.	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Osacar Suarez, P.O. Box 442, Scottsdale, AZ 85262</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$ 36,000.00</u>
Name and Address of Petitioner <u>Jeremiah O'Connor, 98 Barbara Rd., Waltham MA 02453</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$277,791.00</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$471,414.09</u>

_____ continuation sheets attached

B 3 (Official Form 5) (12/07) - Page 2

Name of Debtor Nocona Leather Goods Company, LTD.

Case No. _____

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<input checked="" type="checkbox"/> <u>Owner</u> Signature of Petitioner or Representative (State title) <u>Suarez & Associates</u> Name of Petitioner _____ Date Signed <u>08/05/2010</u> Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> <u>Individual</u> Signature of Petitioner or Representative (State title) <u>Jeremiah O'Connor</u> Name of Petitioner _____ Date Signed <u>08/05/2010</u> Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Oscar Suarez, P.O. Box 442, Scottsdale, AZ 85262</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$ 35,000.00</u>
Name and Address of Petitioner <u>Jeremiah O'Connor, 98 Barbara Rd., Waltham MA 02453</u>	Nature of Claim <u>Breach of Contract</u>	Amount of Claim <u>\$277,791.00</u>
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